Potomac Conference Corporation
Human Resources
606 Greenville Avenue, Staunton, VA 24401
Office (540) 886-0771 | Fax (540) 904-0722
http://www.pcsda.org

EMPLOYEE BENEFITS

EMPLOYEE BENEFITS SUMMARY

	Managed By	Purpose	Eligibility	Monthly Premium Deduction	Benefit Provisions	Coverage Amounts	Other Notes
Health Care	Adventist Risk Management (Aetna)	To provide Health Care benefits to employees and their spouses and/or children	Active full-time and part time employees regularly working 30+ hours per week, their spouse and/or dependents as defined in the HCAP Policy	**Coverage Type** / **AXS** / **ACC** Employee Only $46 $109 Employee + Child(ren) $85 $169 Employee + Spouse $96 $189 Family $132 $250	See Health Care Schedule of Benefits		Benefit is employer subsidized, but is optional. Enrollment is required in order to elect this coverage.
Retirement	Adventist Retirement Plans	To provide retirement income for employees and their beneficiaries	All employees age 20+ that are not otherwise excluded. **Some exclusions include**: temporary employees, students, nonresident aliens, seminarians, day care employees, etc…	**Employer Contribution Eligibility** **Full-Time Employees** (38+ hours/wk): Employer contributes 5% and matches employee contributions up to 3%. **Part-Time Employees** (<38 hours/wk): Employer matches employee contributions up to 3%.	Summary Plan Description document can be accessed and downloaded by going to www.adventistretirement.org then clicking on the Current Employees link and accessing Employee Downloads	Employee contributions permitted up to the IRS limit of $18,500 annually ($24,500 annually for employees age 50 or above).	See enclosed ARP Automatic Enrollment / Automatic Escalation Notice for enrollment information. Also refer to enclosed Empower Website Registration document for instructions on how to access your account online.
Flexible Spending Accounts	WageWorks	To reduce taxable income by allowing an employee to redirect a portion of their salary to provide reimbursement for dependent day care and unreimbursed medical expenses.	Active conference-funded employees working at least 19 hours per week.	Employee determined. Payroll Deduction, before tax. Maximum pre-tax annual contributions are as follows: Health Care $2,650 Day Care $5,000	Enrollment for this benefit does **not** automatically carry over from one calendar year to the next. New enrollment is required each year during Open Enrollment if you wish to continue this benefit. Annual balance carryover of up to $500 permitted **IF** the employee enrolls for the following benefit year.		Once enrolled, register to access your account information at www.takecarewageworks.com. The call center for support with this site can be reached at 1-888-342-3532.
Supplemental Life Insurance	ReliaStar Life Insurance Company (VOYA Financial)	To provide optional supplemental death benefit to the beneficiaries of the employee, spouse and/or dependents.	Active conference-funded employees working at least 19 hours per week	Optional amounts are employee determined. Payroll deduction. See Voya Enrollment-at-a-Glance document for assistance with calculating monthly premium based on amount of coverage elected.	As requested by employee and approved by Voya.	**Employee** - Eligible for amounts from $10,000 to $750,000 in $10,000 increments **Spouse** - Eligible for amounts from $10,000 to $250,000 in $10,000 increments **Child(ren)** - Eligible for amounts from $1,000 to $25,000 in $1,000 increments	Spouse/Child(ren) coverage is limited to 100% of the employee's amount of elected coverage
Supplemental Personal Accident Insurance (AD&D)	ReliaStar Life Insurance Company (VOYA Financial)	To provide optional supplemental benefit to the beneficiaries of the employee/spouse and dependents, in the event that death or dismemberment occurs.	Active conference-funded employees working at least 19 hours per week	Optional amounts are employee determined. Payroll deduction. See Voya Enrollment-at-a-Glance document for assistance with calculating monthly premium based on amount of coverage elected.	Additional amounts as requested by employee and approved by Voya.	**Employee** - Eligible for amounts from $10,000 to $500,000 in $10,000 increments **Spouse** - Eligible for amounts from $10,000 to $500,000 in $10,000 increments **Child(ren)** - Eligible for amounts from $5,000 to $25,000 in $5,000 increments	Spouse/Child(ren) coverage is limited to 100% of the employee's amount of elected coverage

						Pilot - Eligible for amounts from $25,000 to $125,000 in $25,000 increments	